

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

3-1-04

**CLAIMS**

	AD-PRIME		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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41	/	/				
42		/				
43		/				
44		/				
45	/					
46		/				
47	/	/				
48		/				
49		/				
50		/				
TOTAL IND.	3	0		0		0
TOTAL DEP.	14	0		0		0
TOTAL CLAIMS	17					

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS